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# CARDIOVASCULAR HEALTH REPORT

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A ROADMAP FOR THE PREVENTION OF  
HEART DISEASE AND STROKE IN BOSTON

SUBMITTED TO

MAYOR THOMAS M. MENINO

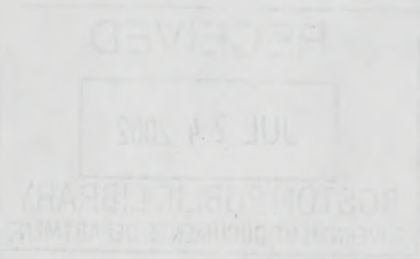
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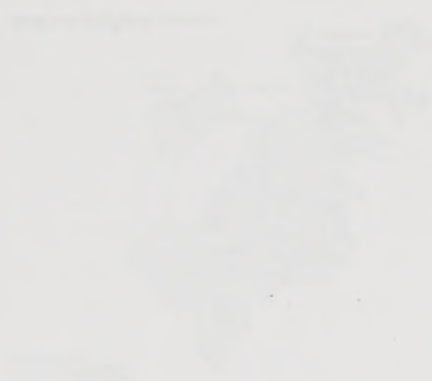
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# CARDIOVASCULAR HEALTH REPORT

A PAMPHLET FOR THE PREVENTION OF  
HEART DISEASE AND STROKE IN BOYS



## DATA AND BACKGROUND

Cardiovascular disease is the leading cause of death in the United States, accounting for 30% of deaths in 1978. In Massachusetts in 1978, nearly 14,000 people died from heart disease and stroke, the leading cause of death. In Boston, more than 1,000 people died from heart disease and stroke in 1978. In fact, heart disease is the single leading cause of death, accounting for 12% of deaths in the United States in 1978.

### Leading Causes of Death Age-Adjusted Rates Boston, 1978-1979



Source: Massachusetts Department of Health, Vital Statistics, 1978-1979.  
Note: Rates are age-adjusted to the 1970 U.S. standard population.





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HEART DISEASE AND STROKE IN BOSTON

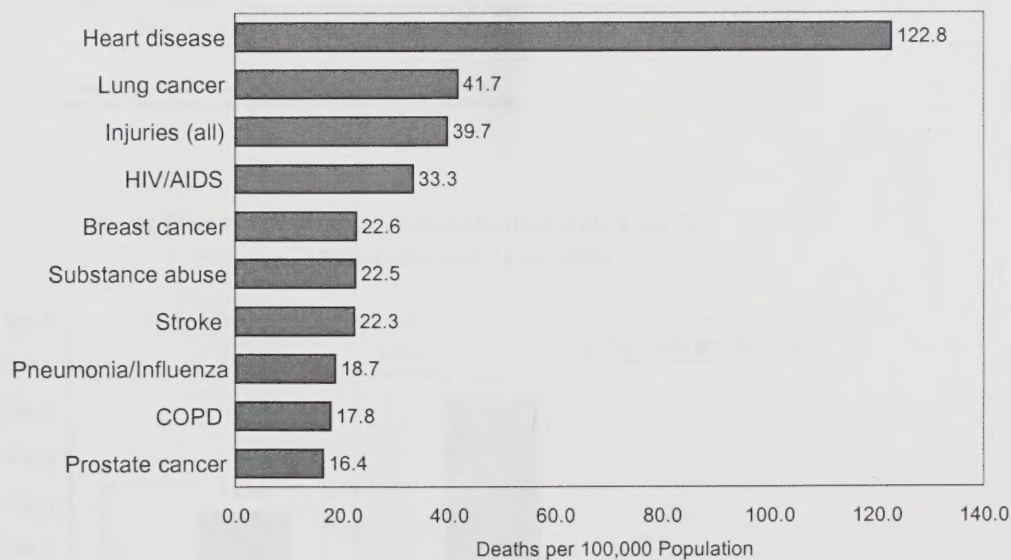
Boston Neighborhoods



## DATA AND BACKGROUND

Cardiovascular disease is the leading cause of death in the United States, accounting for 950,000 deaths in 1998. In Massachusetts in 1998, nearly 16,000 people died from heart disease and in Boston, that number was 1184. In Boston, while all forms of cancer taken together constitute the leading cause of death, heart disease is the single leading cause of death accounting for 123 deaths per 100,000 for the period 1993 to 1998 or approximately 700 deaths.

### Leading Causes of Death Age-Adjusted Rates Boston, 1993-1998



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health.  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.



# CARDIOVASCULAR HEALTH REPORT

A ROADMAP FOR THE PREVENTION OF  
HEART DISEASE AND STROKE IN BOSTON

## DATA AND BACKGROUND

Cardiovascular disease is the leading cause of death in the United States, accounting for 35% of deaths in 1998. In Massachusetts, in 1998, nearly 14,000 people died from heart disease and 10,000 from stroke. Heart disease and stroke are the leading causes of death in Massachusetts, with heart disease accounting for 35% of deaths and stroke accounting for 12% of deaths. In 1998, the leading cause of death in Massachusetts was heart disease, accounting for 35% of deaths.

Leading Causes of Death Age-Adjusted Rates  
Boston, 1993-1998



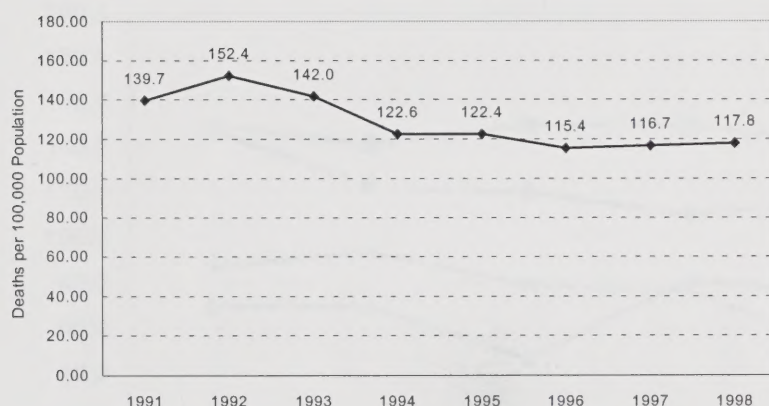
Source: Massachusetts Department of Public Health, Vital Statistics, 1993-1998. Rates are age-adjusted to the 1990 U.S. standard population.



## HEART DISEASE DEATHS

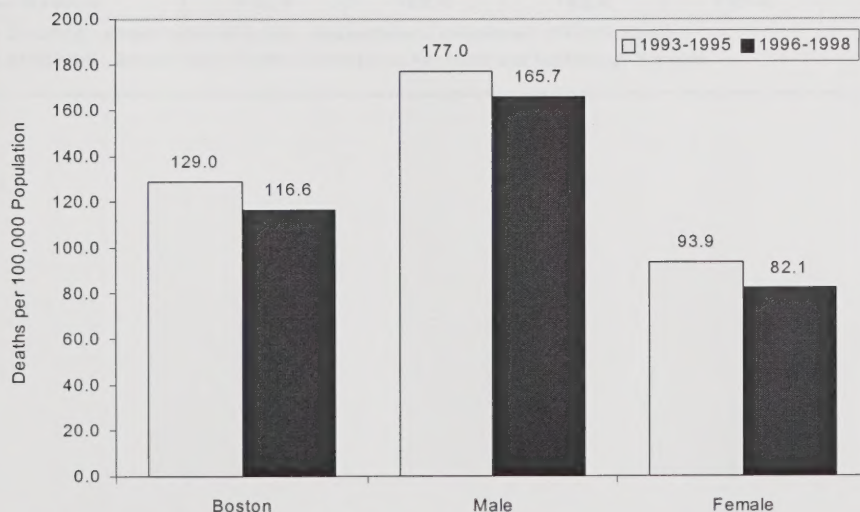
Heart disease deaths have been on the decrease in Boston from a high of 152.4/100,000 in 1992 to 117.8/100,000 in 1998, a decrease of 23%. This decrease is consistent with a decrease in cardiac deaths in the U.S. over the past half century. Between 1950 and 1998 the rate of death from heart disease decreased 49% in the U.S., due in large part to improved medical treatments. The rate of heart disease death has decreased in Boston between the periods 1993-95 and 1996-98 and this decrease has been seen both in men and women, although men continue to have heart disease death rates that exceed those for women. Despite these decreases in death rates, heart disease rates remain unacceptably high particularly since medical research has proven that heart disease is preventable.

**Heart Disease Mortality Age-Adjusted Rates  
Boston, 1991-1998**



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health.  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.

**Heart Disease Mortality Age-Adjusted Rates by Sex  
Boston, 1993-1995 and 1996-1998**



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health.  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.

# HEART DISEASE DEATHS

Heart disease deaths have been on the decline in France from a high of 125,400 in 1985 to 117,800 in 1990. This decline is consistent with a decline in deaths in the U.S. over the past half century. Between 1980 and 1989, the rate of decline decreased 50% in the U.S., due in large part to improved medical treatment. The rate of decline in France has slowed in recent years, but continues to show a downward trend. This is due to a number of factors, including a decline in the number of deaths from heart disease, a decline in the number of deaths from heart disease, and a decline in the number of deaths from heart disease.

Heart Disease Deaths - Age-Adjusted Rates  
France, 1980-1990



Heart Disease Deaths - Age-Adjusted Rates by Sex  
France, 1980-1990 and 1980-1990

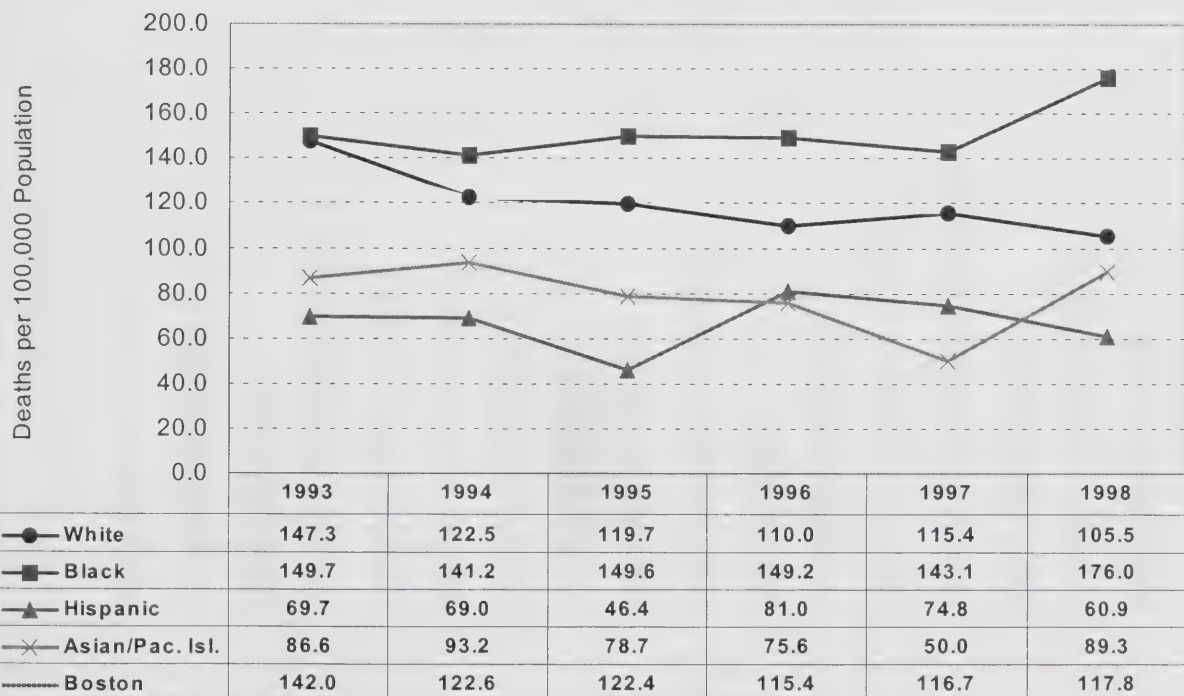




## RACE, ETHNICITY AND HEART DISEASE DEATHS

While average deaths from heart disease for Boston residents have decreased in the past decade, racial disparities continue to exist for heart disease mortality. Heart disease death rates are greatest for black residents of Boston and disturbingly, these rates continue to increase. The death rate for black residents increased 18% between 1993 and 1998. The death rate for Asian residents, while remaining lower than the Boston average, appears to be on the increase.

**Heart Disease Mortality Age-Adjusted Rates  
By Year and Race/Ethnicity, Boston, 1993-1998**



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health.

DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.

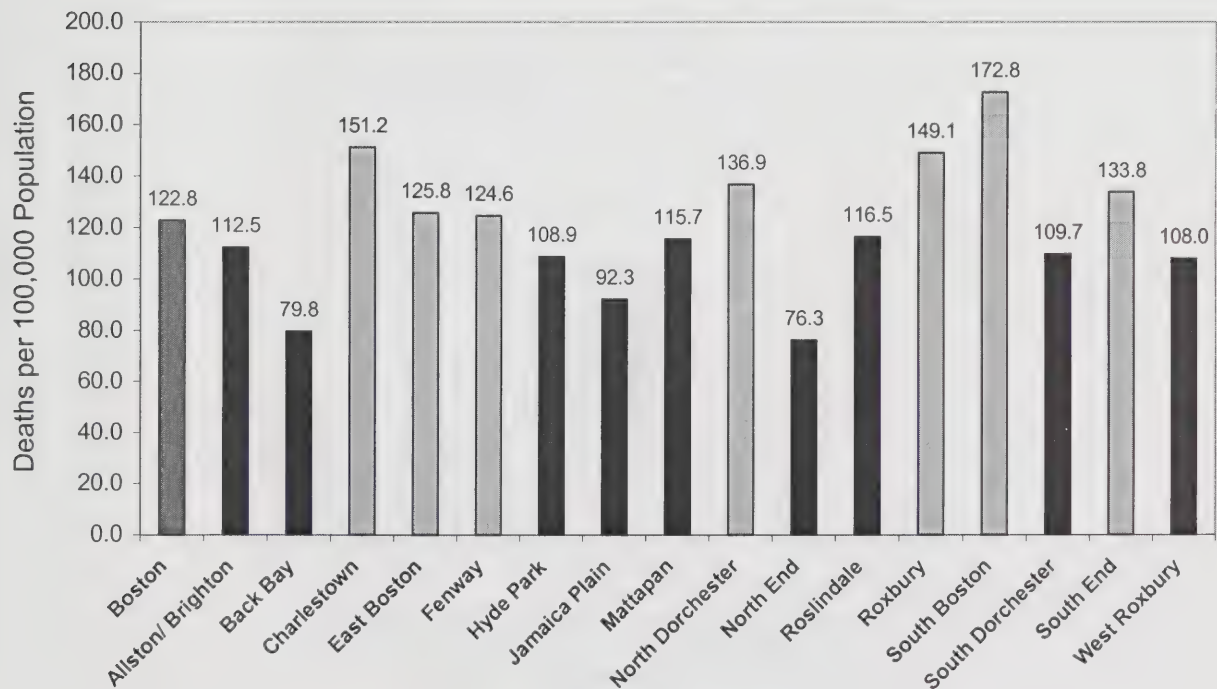




## HEART DISEASE DEATHS ACROSS BOSTON'S NEIGHBORHOODS

Several neighborhoods in Boston had heart disease death rates that were higher than the overall Boston average. These were South Boston (172.8), Charlestown (151.2), Roxbury (149.1), North Dorchester (136.9), the South End (133.8), East Boston (125.8) and Fenway (124.6). The reason is multifactorial and includes such factors as cigarette smoking, hypertension, diabetes and lack of access to medical care. North End, Back Bay, and Jamaica Plain all had CV death rates less than the Boston average.

### Heart Disease Mortality Age-Adjusted Rates By Neighborhood Boston, 1993-1998



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health.

DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.





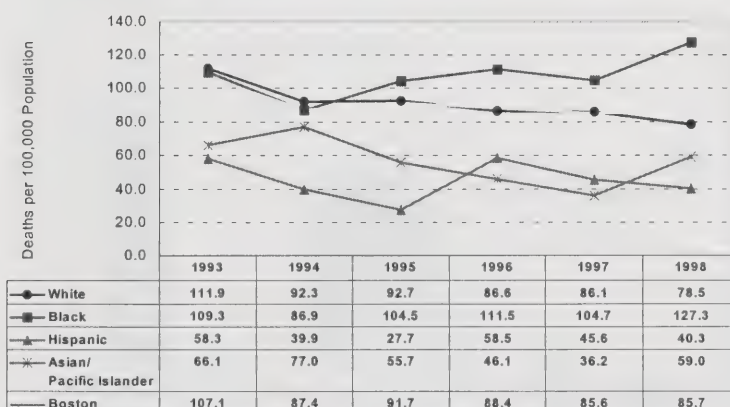
## CORONARY HEART DISEASE (CHD)

Coronary heart disease (CHD) is the most common type of heart disease accounting for 460,000 deaths in the U.S. and about 845 deaths in Boston in 1998. The risk factors for CHD include cigarette smoking, high blood pressure (hypertension), diabetes, high cholesterol, obesity and family history of heart disease.

The overall death rate from CHD in Boston has decreased 22% since 1993 (from 107.1 to 85.7). However, the death rate from CHD for black residents of Boston (127.3) is higher than the Boston average, and this rate has increased 16% since 1993.

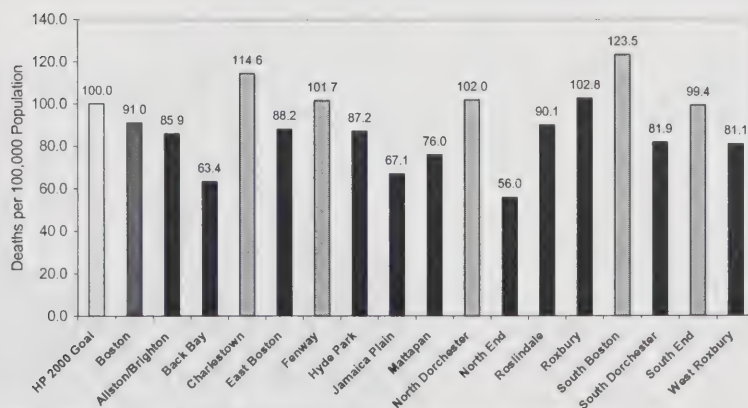
Six neighborhoods in Boston have CHD death rates that are higher than the Boston average. They include: South Boston (123.5), Charlestown (114.6), Roxbury (102.8) North Dorchester (102), Fenway (101.7) and the South End (99.4). With exception of the South End all of these neighborhood rates also exceed the Healthy People 2000 goal for CHD of 100 death per 100,000 population.

**Coronary Heart Disease\* Mortality Age-Adjusted Rates  
By Race/Ethnicity by Year, Boston, 1993-1998**



\*Includes hypertensive heart disease, acute MI, angina pectoris, chronic ischemic heart disease, and unspecified cardiovascular disease  
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

**Coronary Heart Disease\* Mortality by Neighborhood  
A comparison of National Healthy People 2000 goals to actual rates in  
Boston neighborhoods, 1993-1998**



\*Includes hypertensive heart disease, acute MI, angina pectoris, chronic ischemic heart disease, and unspecified cardiovascular disease  
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health





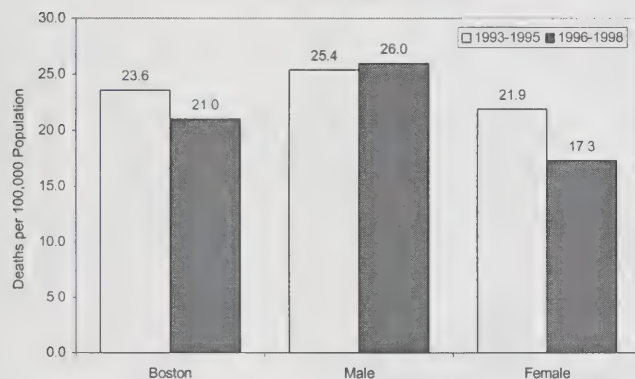
## STROKE

Stroke is the seventh leading cause of death in Boston accounting for 22.3 deaths per 100,000 residents per year and 240 deaths in 1998. While deaths from stroke decreased in Boston between 1993-95 and 1996-98 the rate for men increased slightly (25.4 to 26.0) but decreased for women (21.9 to 17.3).

While death from stroke decreased for white and black residents between 1993-95 and 1996-98, the rate for black residents remained disturbingly high and higher than for any other group. In an equally disturbing trend, stroke death rates for Hispanic and Asian/Pacific Islander residents increased 62% and 52% respectively.

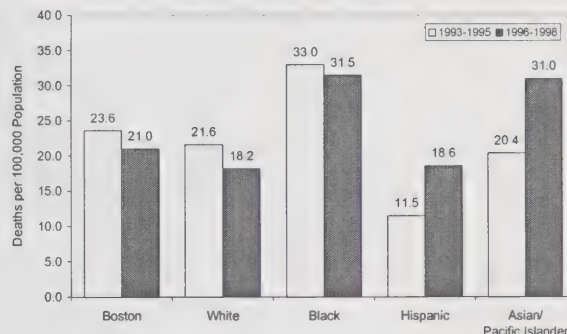
Seven Boston neighborhoods had stroke death rates that exceeded the Boston average. They were, in decreasing order: Mattapan (33.2), North Dorchester (29.0), Charlestown (28.9), Roxbury (28.1), Allston/Brighton (25.1), Roslindale (24.7) and South Boston (23.3).

**Stroke Mortality Age-Adjusted Rates by Sex**  
Boston, 1993-1995 and 1996-1998



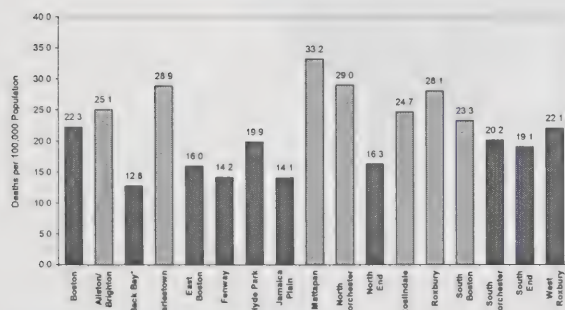
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

**Stroke Mortality Age-Adjusted Rates by Race/Ethnicity**  
Boston, 1993-1995 and 1996-1998



DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

**Stroke Mortality Age-Adjusted Rates by Neighborhood**  
Boston, 1993-1998



\*North End and Beacon Hill data have been incorporated with Back Bay data  
DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services



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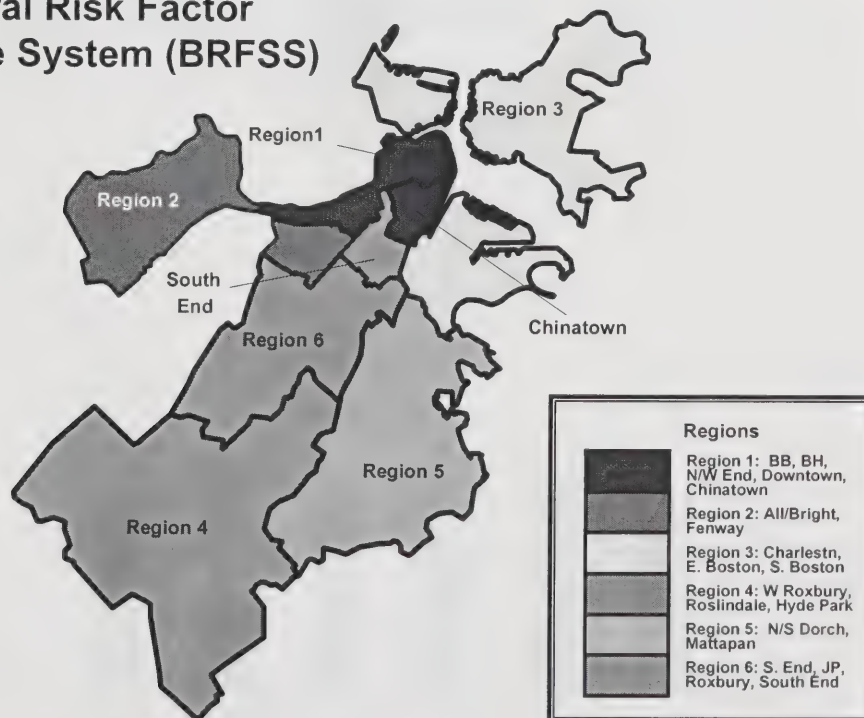
## BEHAVIORAL RISKS FOR HEART DISEASE

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Behavioral data are obtained from the Behavioral Risk Factor Surveillance Survey (BRFSS), a random digit dial telephone survey of adults in Massachusetts. In 1999, BPHC commissioned 2000 additional surveys in Boston, in order to have more data on the different neighborhoods in the city. For this presentation, in order to provide additional statistical power, the data on neighborhoods was grouped into regions as follows:

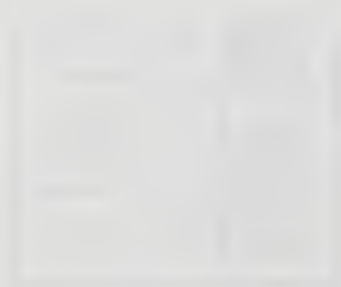
- Region 1: Back Bay, Beacon Hill, North End, West End, Chinatown
- Region 2: Allston / Brighton, Fenway
- Region 3: Charlestown, East Boston, South Boston
- Region 4: West Roxbury, Roslindale, Hyde Park
- Region 5: North Dorchester, South Dorchester, Mattapan
- Region 6: South End, Roxbury, Jamaica Plain

### **Boston Regions for 1999 Behavioral Risk Factor Surveillance System (BRFSS)**



MAP PREPARED BY: Boston Public Health Commission, Research and Technology Services



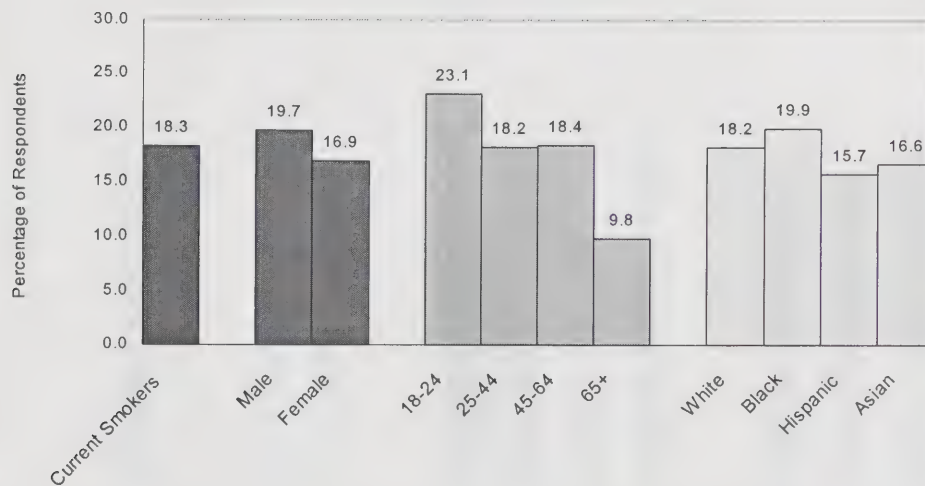


## TOBACCO

Cigarette smoking is a major risk behavior for coronary heart disease. In Boston, 18.3% of residents report that they currently smoke cigarettes. Slightly more men than women smoke, and younger residents are more likely to smoke than those who are older. Black residents of Boston have the highest percentage of smokers (19.9%), followed by Whites (18.2%), Asians (16.6%) and Hispanics (15.7%).

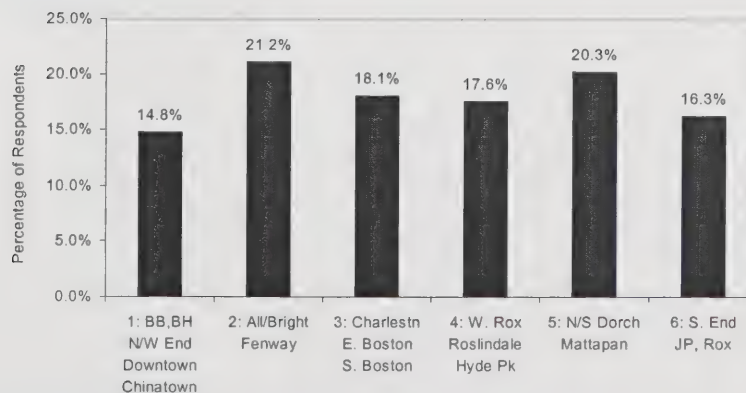
When these results are examined by region of the city, Allston/Brighton/Fenway (21.2%) and Dorchester/Mattapan (20.3%) are seen to have the highest smoking rates, reflecting the smoking rates of young college students of Allston/Brighton/Fenway and the higher smoking rates in black residents who predominate in Dorchester/Mattapan.

**Current Smokers  
Boston, 1999**



SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.  
Analysis: Boston Public Health Commission, Research and Technology Services.

**Current Smokers  
By Region  
Boston, 1999**



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.

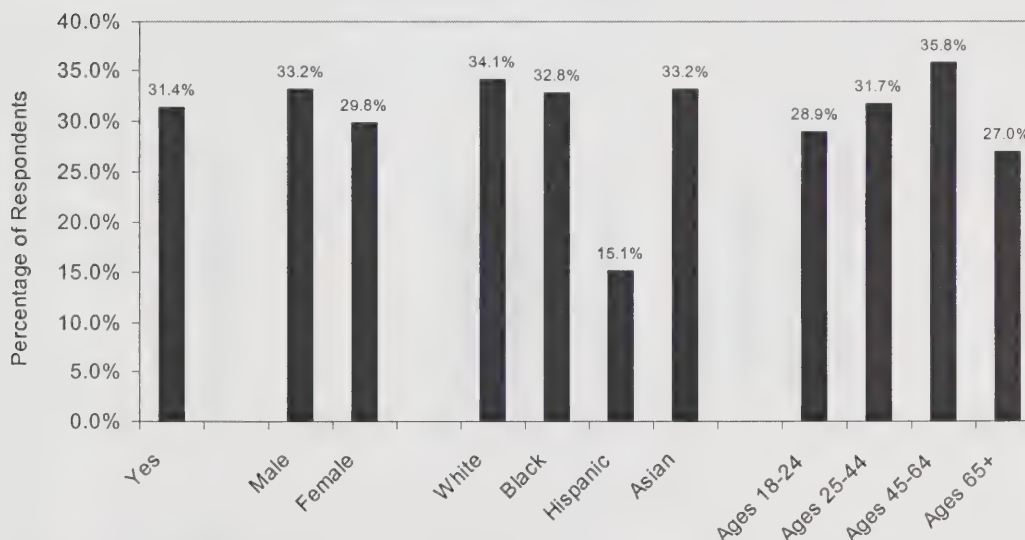




## PHYSICAL ACTIVITY

There is abundant evidence that regular physical activity decreases the likelihood of developing CHD and increases the chances of survival if one does suffer a heart attack. Yet less than 1/3 of Boston residents (31.4%) report engaging in significant physical activity (defined as either vigorous activity for 20 minutes per session, 3 or more days per week *or* moderate activity 30 minutes per day, 5 or more days per week.) Males report slightly higher exercise levels than females. White, black and Asian residents all exercise at slightly above the Boston average. Of concern, only 15.1% of Hispanic residents report regular exercise. In general, increasing percentages of residents report exercising as they get older, but after 64 years old this level drops off so that fewer residents 65 years or older report regular exercise.

**Physical Activity\***  
**Boston, 1994, 1996, and 1998**



\* Either vigorous activity for 20 mins per session, 3 or more days/week, or activity for 30 mins/day, 5 or more days/week

DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1994, 1996, and 1998, Massachusetts Department of Public Health.

DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

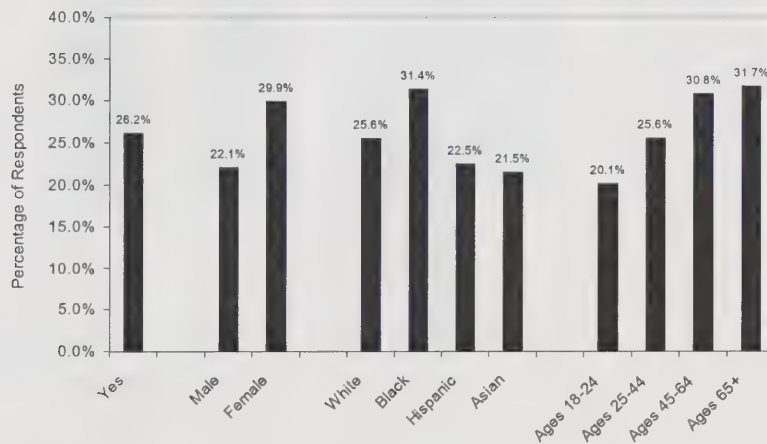


## NUTRITION

Nutritional and epidemiologic research supports the idea that the consumption of healthy foods, such as fruits and vegetables protects against the development of CHD. However, only about ¼ of Boston residents (26.2%) consume 5 or more servings of vegetables per day. Women do slightly better than men in this regard as 29.9% of women report eating 5 or more servings versus 22.1% of men. A slightly greater percentage of black residents (31.4%) report eating 5 servings per day when compared with white (25.6%), Hispanic (22.5%) and Asian (21.5%) residents. Fruit and vegetable consumption is lowest among young adults with 20.1% of 18-24 year olds eating 5 servings per day as compared with 31.7% of residents over the age of 65.

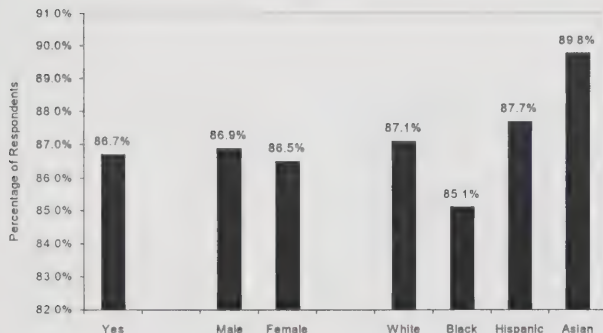
Fruits and vegetables appear to be popular among youth with almost 87% reporting consuming fruit or fruit juice in the past week and almost 80% reporting consuming vegetables in the past week. Fruit and fruit juice consumption appears to be consistent across gender and race/ethnicity among youth. Vegetable consumption however, is reported less frequently among Hispanic (68%) and black (79%) youth, than among Asian (87%) and white (86%) youth.

**Five or More Servings of Fruits and Vegetables per Day  
Boston, 1999**



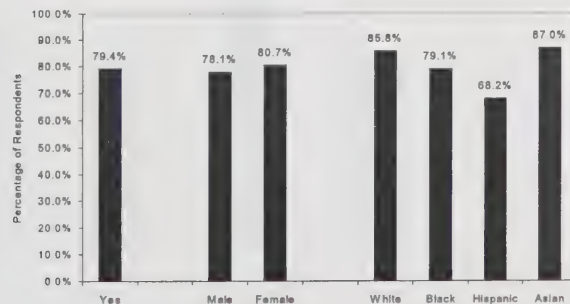
DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

**Youth Who Ate Fruit or Drank Juice Within Past 7 Days  
Boston, 1999**



DATA SOURCE: Youth Risk Behavior Survey, Youth Risk Behavior Surveillance System (YRBSS), 1999, Boston Public School System and Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

**Youth Who Ate Vegetables Within Past 7 Days  
Boston, 1999**



DATA SOURCE: Youth Risk Behavior Survey, Youth Risk Behavior Surveillance System (YRBSS), 1999, Boston Public School System and Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

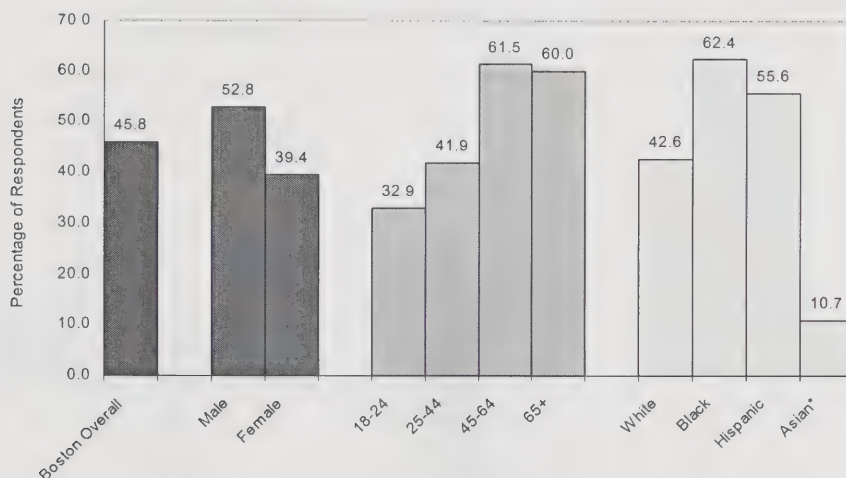




## OBESITY

Obesity predisposes individuals to the development of hypertension and diabetes, both of which are powerful contributors to both CHD and congestive heart failure. Fully 46% of Boston residents are overweight or obese based upon their self reported height and weight. Men are more likely to be overweight than women (53% versus 39.4%) and older residents are more likely to be obese than younger residents. While obesity is a problem of people of all race/ethnicity groups, it is a particular problem for black and Hispanic residents of Boston, with 62% of black residents and 56% of Hispanic residents reporting that they are overweight or obese. Two regions of the city, Dorchester/Mattapan and Charlestown/East Boston/ South Boston have more than 50% of people who report that they are overweight.

**Overweight/Obese  
Boston, 1999**

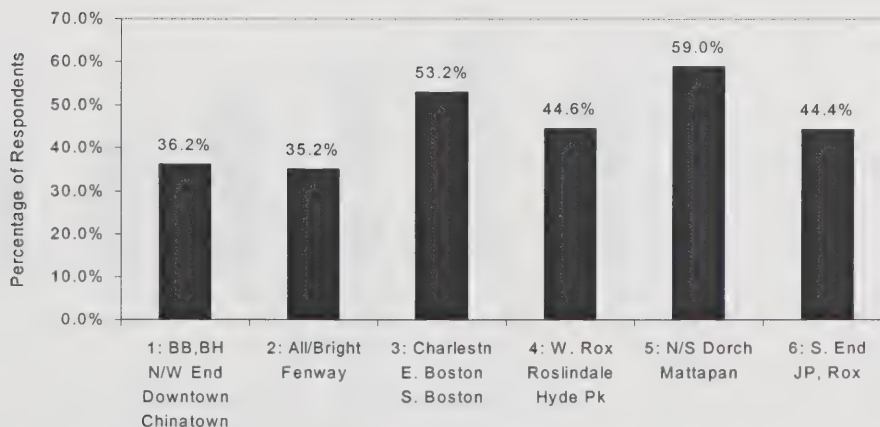


\*Does not include obese, as less than 5 Asians were obese, and a percentage could not be reported.

SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.

ANALYSIS: Boston Public Health Commission, Research and Technology Services.

**Overweight/Obese  
By Region  
Boston, 1999**



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.

DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.



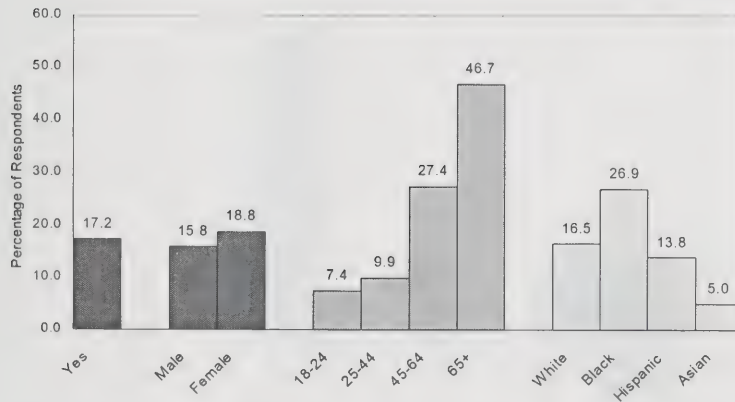


## HYPERTENSION (HIGH BLOOD PRESSURE)

Hypertension is a leading cause of CHD and congestive heart failure. 17% of Boston residents report that they have been told they had hypertension in the past. As one would expect, hypertension is more common among seniors (46.7%) since the risk of high blood pressure increases with age. In addition, a higher percentage of black residents report that they have hypertension than other groups. In fact, more than a quarter of black Bostonians report high blood pressure.

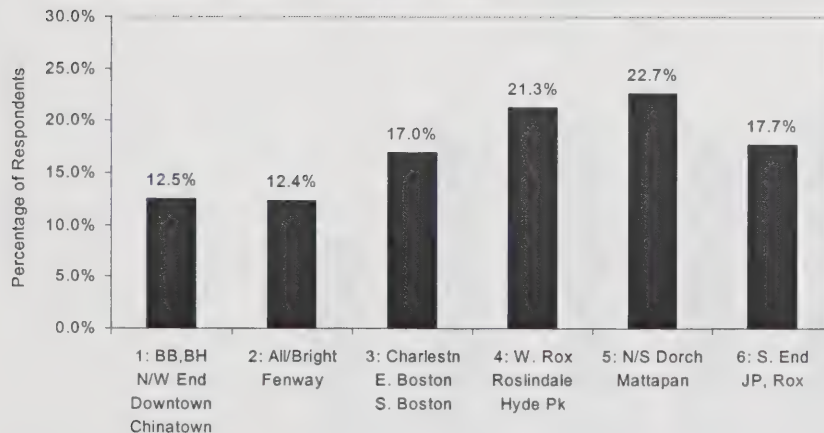
The regions of the city with the highest percentage of residents with hypertension are Dorchester/Mattapan (22.7%) and West Roxbury/Roslindale/Hyde Park (21.3%). These findings are consistent with the data presented above since Dorchester/Mattapan has a higher percentage of black residents and West Roxbury/Roslindale/Hyde Park has a high percentage of older residents.

**High Blood Pressure  
Boston, 1999**



SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health  
Analysis: Boston Public Health Commission, Research and Technology Services

**High Blood Pressure  
By Region  
Boston, 1999**



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services

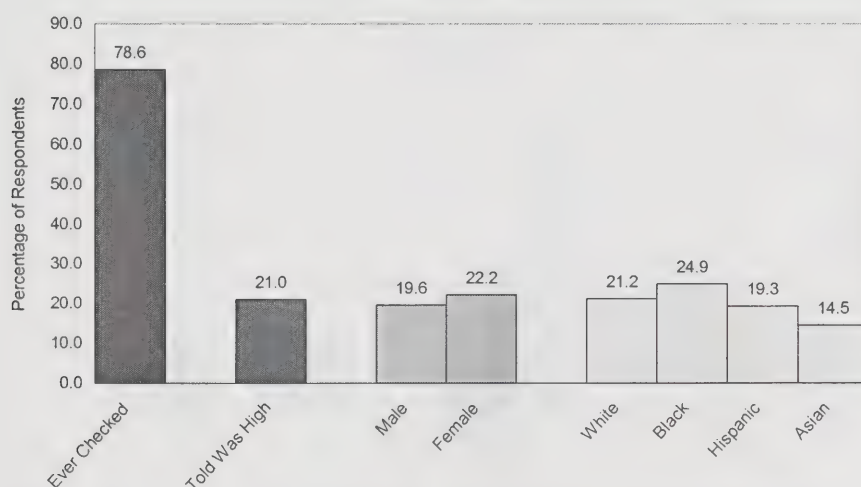


## HIGH CHOLESTEROL

High blood cholesterol is well recognized as a risk factor for CHD. Individuals whose diet is high in fats, particularly saturated fats, are more likely to suffer from high cholesterol. In addition, some individuals have a genetic predisposition for high cholesterol. It is important to note that diet and medications are very effective at lowering blood cholesterol. Some medications have even been demonstrated to reverse the development of CHD.

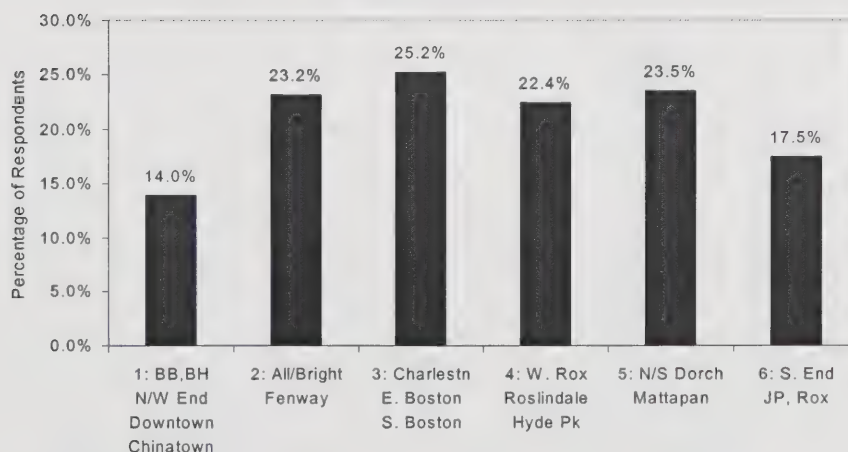
Almost 80% of Boston residents report having had their cholesterol checked and of those, 21% report being told that their cholesterol was high. Slightly more women than men (22% vs. 20%) and a greater percentage of black residents (25%) reported having high cholesterol. Reported percentages of high cholesterol were similar across Boston neighborhoods.

**High Blood Cholesterol  
Boston, 1999**



SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.  
ANALYSIS: Boston Public Health Commission, Research and Technology Services.

**High Blood Cholesterol  
By Region  
Boston, 1999**



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health.  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services.

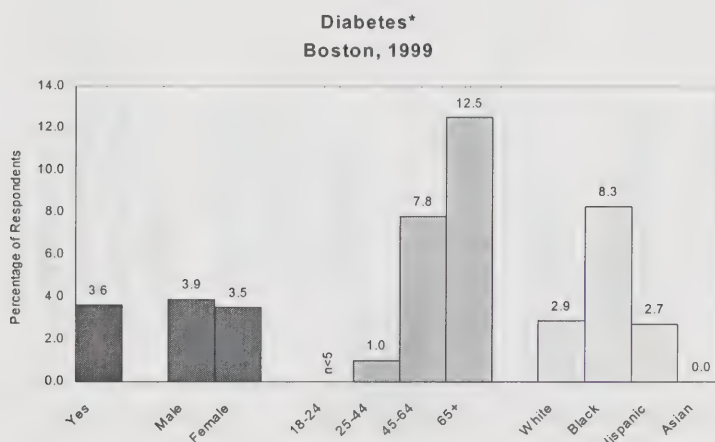




## DIABETES

Diabetes is a disease characterized by elevated blood sugar due to inadequate insulin release into the blood. This elevated blood sugar leads to accelerated development of CHD. Medical experts believe that by lowering the blood sugar into the normal range (less than 120 mg/dl) the development of CHD can be slowed or prevented. Since obesity is a major contributing cause of diabetes in adults, weight reduction is an essential part of diabetes management.

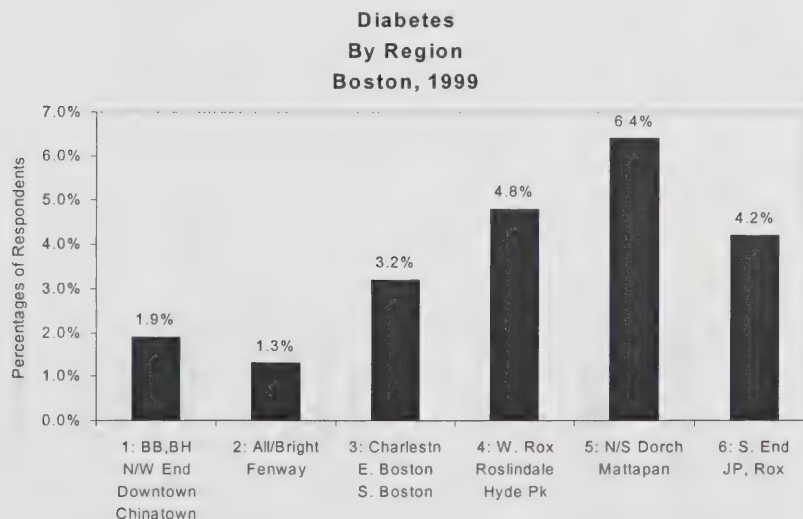
In Boston, 3.6% of residents report having diabetes and as is the case with hypertension, a greater percentage of older residents report diabetes than do younger residents. An alarmingly large percentage of black residents (8.3%) report that they have diabetes. Given this fact, it is not surprising to see that Dorchester/Mattapan (6.4%) has the highest percentage of residents reporting diabetes, followed by West Roxbury/Roslindale/Hyde Park (4.8%) and South End/Jamaica Plain/Roxbury (4.2%).



\*Does not include gestational diabetes

SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health

ANALYSIS: Boston Public Health Commission, Research and Technology Services



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health

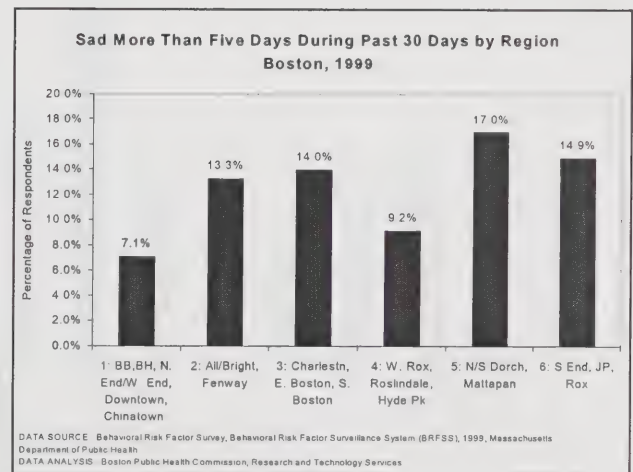
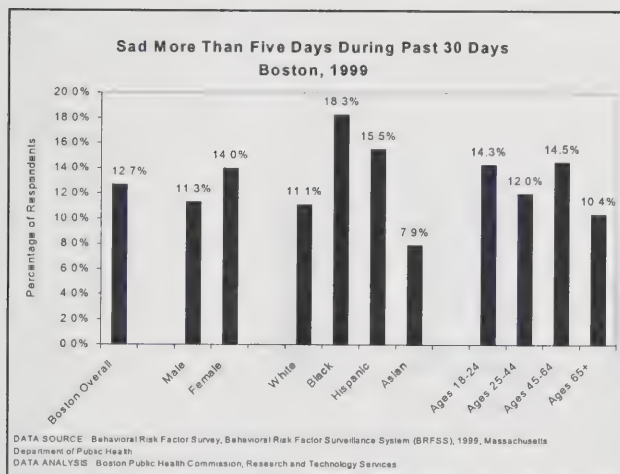
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services



## PSYCHOSOCIAL FACTORS

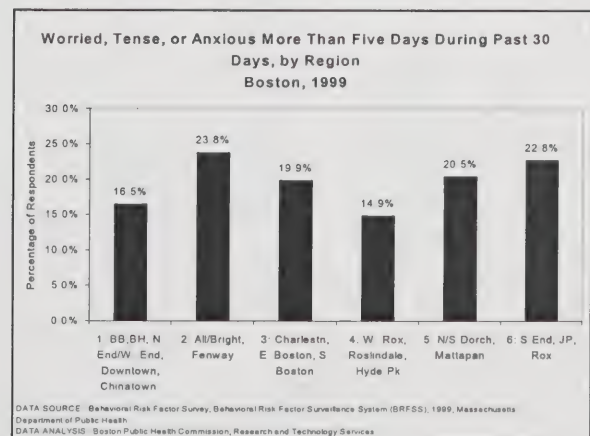
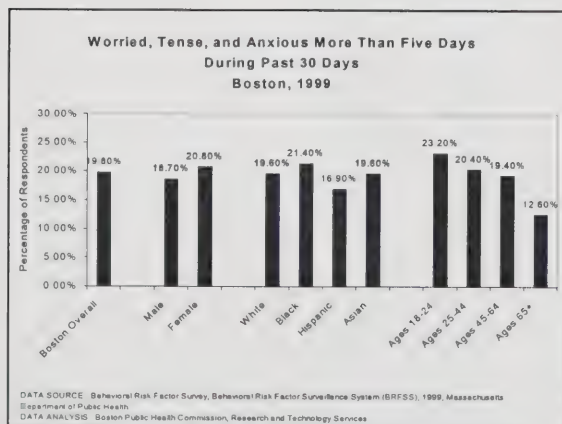
### *Depression*

A growing body of evidence now links the development of heart disease to emotional and mental states such as depression and stress. In Boston, nearly 13% of residents reported feeling sad more than once a week during the past 30 days. Women were slightly more likely than men to report feeling sad (14% vs. 11.3%) and a greater percentage of Black (18.3%) and Hispanic (15.5%) residents reported feeling sad than other groups. When regions of the city are compared, Dorchester/Mattapan has the highest percentage of people reporting depression (17%) followed by South End/Jamaica Plain/Roxbury (14.9%), Charlestown/East Boston/South Boston (14%) and Allston/Brighton/Fenway (13.3%).



### *Anxiety*

About 20% of Boston residents report feeling worried tense or anxious more than 5 times in the past month. Black residents and young residents reported this level of anxiety slightly more often than others. Feelings of tension were expressed by 20% or more of the residents in 4 neighborhoods: Allston/Brighton (23.8%), South End/Jamaica Plain/Roxbury (22.8%), Dorchester/Mattapan (20.5%) and Charlestown/East Boston/South Boston (19.9%).

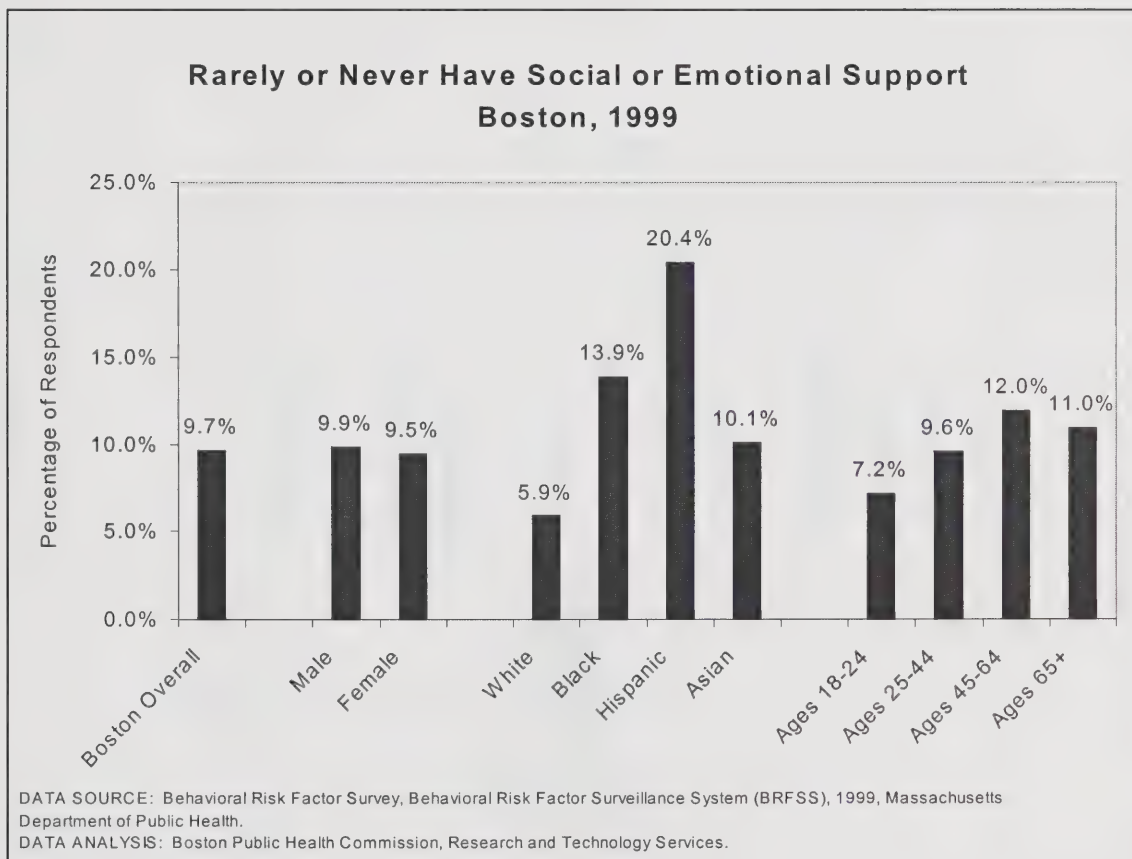






## *Emotional Support*

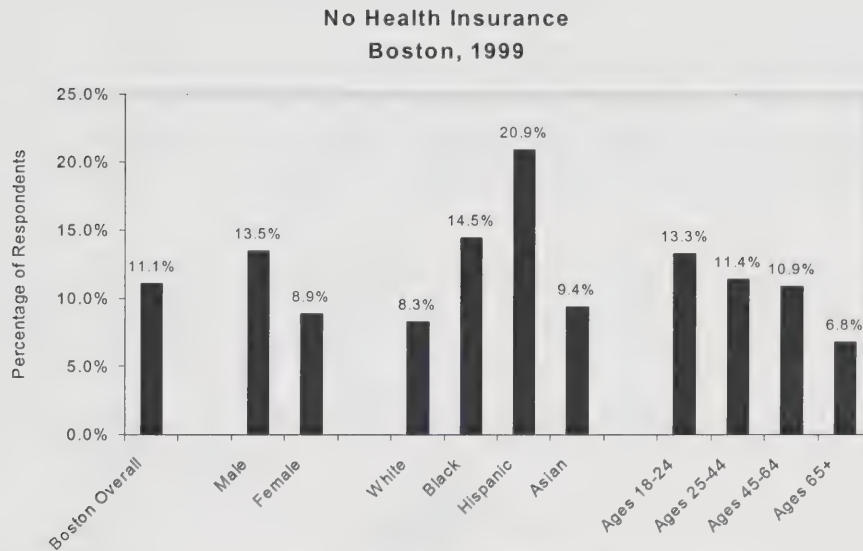
Almost 10% of Boston residents report that they do not have the kind of social and emotional support that they need. Hispanic (20.4%), black (13.9%) and Asian (10.1%) residents are more likely to report that they lack support than white residents (5.9%).



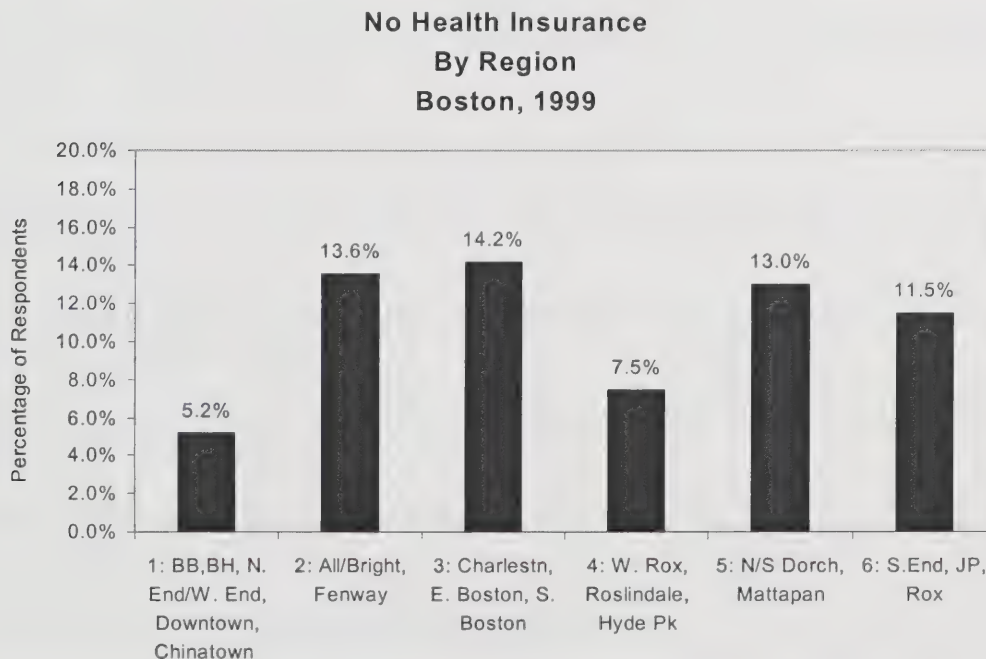
On the 1st of May 1861

## ACCESS TO HEALTH CARE

Overall, 11.1% of Boston residents reported that they lack health insurance. Women are more likely than men to be insured. More than 1/5 of Hispanic residents lack health insurance, compared with 14.5% of blacks, 9.4% of Asians and 8.3% of whites. Younger adults are more likely to lack insurance than are older adults.



DATA SOURCE: Behavioral Risk Factor Survey, Behavioral Risk Factor Surveillance System (BRFSS), 1999, Massachusetts Department of Public Health  
DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services



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DATA ANALYSIS: Boston Public Health Commission, Research and Technology Services





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## CARDIOVASCULAR TASK FORCE RECOMMENDATIONS

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In September 2000, a Cardiovascular Task Force was convened to develop recommendations for improving the cardiovascular health of residents of the city of Boston. The membership of the Task force was diverse and the members represented the Mayor's office, community health centers, churches, hospital systems, city of Boston agencies, public health organizations and private, not for profit organizations. The charge to issued to the Task Force was the following:

*As a panel of experts on issues relevant to heart disease and stroke, the role of the Cardiovascular Health Task Force is to develop a comprehensive cardiovascular disease prevention strategy for the city of Boston which is community-based, focused upon disease prevention and that the Mayor and the Boston Public Health Commission can accomplish in partnership with the American Heart Association, health care institutions, city agencies, non-profit organizations and the private sector.*

The task force met on 5 occasions to evaluate prevention, intervention and treatment efforts in Boston. At each meeting, data were presented about heart health in Boston, with Task Force members taking the lead in identifying relevant data and presenting state-of-the-art information.

Based up the data presented above, the Cardiovascular Health Task Force generated the following 9 goals for the city of Boston:

- 1) Increase activity levels among Boston residents, especially, youth, seniors and city of Boston employees.
- 2) Increase the access to and use of nutritious foods for Boston residents.
- 3) Decrease exposure to tobacco smoke and increase access to smoking cessation programs for Boston residents.
- 4) Address the psychosocial risk factors that contribute to heart disease.
- 5) Increase awareness of the symptoms and signs of heart attack and stroke among Boston residents.
- 6) Ensure that every Boston resident has access to screening for hypertension, diabetes, high cholesterol and obesity.
- 7) Improve access to Automatic External Defibrillators (AED) throughout the city of Boston for all residents.
- 8) Establish data sources to measure the effects of the Cardiovascular programs that are instituted.
- 9) Improve access to health insurance for Boston residents.



For each of the proposed goals, a set of possible programs and strategies was developed to guide BPHC, the Mayor and other city of Boston agencies.

## INCREASE ACTIVITY LEVELS AMONG BOSTON RESIDENTS, ESPECIALLY, YOUTH, SENIORS AND CITY OF BOSTON EMPLOYEES.

### *For all residents*

- Develop peer-guided exercise and activity programs for residents across all age ranges focusing on non-traditional forms of activity such as dance, gardening, golf.
- Encourage healthcare providers to write an “Exercise prescription” for patients while providing providers with information about specific resources in the communities where their patients live and work.

### *For Youth*

- Collaborate with groups currently working with youth in urban community centers and after-school programs to develop alternative approaches to exercise such as dance, golf, martial arts.

### *For Seniors*

- In partnership with Boston’s Elderly Commission, support enhanced walking programs for seniors throughout Boston ,especially in W. Roxbury, Roxbury and Dorchester using available parks and community centers.

### *For City of Boston Employees*

- Support “Exercise at work” concept that helps workers identify daily opportunities for exercise, including workplace-based walking groups
- Collaborate with AHA on making “One of a Kind”, a web-based heart health program, available to city employees.
- Provide opportunities for stress reduction training and CPR education in the workplace





## INCREASE ACCESS TO AND USE OF NUTRITIOUS FOODS FOR BOSTON RESIDENTS

- Develop and provide culturally and linguistically appropriate information on healthy nutrition and exercise to parents who visit the Parent Information Centers in Boston Public Schools.
- Partner with supermarkets and local grocers to identify heart healthy foods and encourage clients to purchase fruits and vegetables.
- Conduct outreach to local ethnic grocers to help them stock healthier ingredients and educate customers about newer healthier products.

## DECREASE EXPOSURE TO TOBACCO SMOKE AND INCREASE ACCESS TO SMOKING CESSATION PROGRAMS FOR BOSTON RESIDENTS.

- Explore regulations to decrease exposure to environmental tobacco smoke in workplace, bar and club settings.
- Seek funding to increase access to smoking cessation programs.

## ADDRESS THE PSYCHOSOCIAL RISK FACTORS THAT CONTRIBUTE TO HEART DISEASE.

- Institute a workplace based stress reduction program, building on existing Employee Assistance Program structure and encourage private employers to do the same.

## INCREASE AWARENESS OF THE SYMPTOMS AND SIGNS OF HEART ATTACK AND STROKE AMONG BOSTON RESIDENTS.

- Partner with AHA/EMS to do community training about warning signs of heart attack and stroke and what people should do.
- Partner with AHA on “Know your numbers” campaign focusing on Boston neighborhoods with high rates of CV disease.
- Produce “What do I need to know about my heart?” A patient guide to what you need to ask your healthcare provider about heart disease.



## ENSURE THAT EVERY BOSTON RESIDENT HAS ACCESS TO IDENTIFICATION AND MANAGEMENT OF HYPERTENSION, DIABETES, HIGH CHOLESTEROL AND OBESITY.

- Hold a series of “on the job” health screenings over the next year with the goal of identifying any City of Boston employees with hypertension, diabetes and/or high cholesterol.
- Mobilize the Health Connection Van to take a lead in cardiovascular disease screening activities.
- Develop screening programs in partnership with community health centers and churches to identify undiagnosed hypertension, diabetes and high cholesterol focusing on communities at high risk for heart disease.
- Identify venues for screening men and women of color who are at especially high risk for undetected heart disease.

## IMPROVE ACCESS TO AUTOMATIC EXTERNAL DEFIBRILLATORS (AED) THROUGHOUT THE CITY OF BOSTON.

- Increase number of sites throughout city that have AED’s and individuals trained to use them. Prioritize high rise elder housing and Boston Housing Authority developments.
- Increase the number of Boston residents who are trained to perform effective CPR.

## ESTABLISH DATA SOURCES TO MEASURE THE EFFECTS OF THE CARDIOVASCULAR PROGRAMS WHICH ARE INSTITUTED.

- Continue surveys throughout Boston to identify at-risk populations and track neighborhood specific trends in cardiac risk factors.
- Utilize existing data from school-based clinics and the Boston Public School Department to better understand the nutritional health and fitness of Boston youth.

## IMPROVE ACCESS TO HEALTH INSURANCE FOR BOSTON RESIDENTS.

- Use cardiovascular health prevention and screening activities to identify those who do not have access to health care and utilize BPHC Access Programs (such as the Mayor’s Health Line, Health Connection Van) to spearhead insurance enrollment and referral.
- Review health insurance coverage for City of Boston employees to ensure that essential cardiac screening and treatment is provided.





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CARDIOVASCULAR HEALTH TASK FORCE MEMBERS

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